



RHODE ISLAND ETHICS COMMISSION

40 Fountain Street
Providence, RI 02903
(401) 222-3790

2014 YEARLY FINANCIAL STATEMENT

ALL QUESTIONS REFER TO THE 2014 CALENDAR YEAR UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. WE WILL NOT ACCEPT A STATEMENT IF ANY QUESTIONS ARE LEFT BLANK.

ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, refer to the Instruction Sheet or contact the Ethics Commission.

Note: If you are a state or municipal official or employee, or a candidate for elected office, who is required to file a Yearly Financial Statement, failure to file accurately and on time may subject you to a substantial monetary fine. If you dispute your status as a required filer, you must contact the Ethics Commission prior to the filing deadline.

1.

LAST NAME	FIRST NAME	MIDDLE INITIAL
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2.

MAILING ADDRESS: (STREET OR PO BOX)	(CITY/TOWN)	(STATE)	(ZIP CODE)
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3. List any Public Position(s) you held for any length of time in calendar years 2014 or 2015.

PUBLIC POSITION	MUNICIPALITY, STATE OR REGIONAL ENTITY	DATE ELECTED, APPOINTED OR HIRED	TERMINATION OR RESIGNATION DATE (IF APPLICABLE)
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PUBLIC POSITION	MUNICIPALITY, STATE OR REGIONAL ENTITY	DATE ELECTED, APPOINTED OR HIRED	TERMINATION OR RESIGNATION DATE (IF APPLICABLE)
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4. List any elected office (state, municipal or regional) for which you were/are a candidate in either calendar year 2014 or 2015.

ELECTED OFFICE	MUNICIPALITY, STATE OR REGIONAL ENTITY	DATE CANDIDACY DECLARED
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5. List name of spouse if you were married or were a party to a civil union during any part of 2014.

6. This question has **two parts**, each referring to occupational income received during calendar year 2014.

PART I: Provide a separate answer for each instance in which you, your spouse or dependent child received either \$1,000 or more gross income from an employer during 2014; or \$1,000 or more gross income through self-employment. This includes instances of receiving income through public employment or from service as an elected or appointed official. List the following:

PERSON WHO
RECEIVED INCOME

NAME & ADDRESS OF EMPLOYER
OR SELF-EMPLOYMENT ENTITY

DATES AND NATURE OF
OCCUPATION OR PROFESSION

PART II: If you, your spouse or dependent child were self-employed and received \$250 or more gross income for services rendered to a state or municipal agency, list the following:

PERSON WHO
RECEIVED INCOME

NAME & ADDRESS OF
AGENCY RECEIVING SERVICES

DATES AND NATURE OF
SERVICES RENDERED

7. List any real estate, wherever located, but other than real estate that is used exclusively as your principal residence, in which you, your spouse or dependent child had a financial interest during any part of calendar year 2014. If no street address exists, use legal description.

PERSON WITH INTEREST

NATURE OF INTEREST

ADDRESS OR LEGAL DESCRIPTION

8. If you, your spouse or dependent child received more than \$1,000 in gross income as a beneficiary of any trust, list the following:

NAME OF PERSON RECEIVING TRUST INCOME: _____

NAME OF TRUST: _____

TRUSTEE NAME AND ADDRESS: _____

TRUST ASSETS, IF KNOWN (DO NOT LIST ASSET VALUE): _____

9. If you, your spouse or dependent child held a management position or were a director, officer, partner, or trustee of any business, organization or other entity (for profit or non-profit), list the following:

NAME OF FAMILY MEMBER

NAME & ADDRESS OF ENTITY

POSITION

10. If during the 2014 calendar year any person or entity provided you with out-of-state travel valued at over \$250, AND you would not have been provided with such travel but for the fact that you held a public office or position, you must list the source, value and description of the travel and related expenses below. Attach additional sheets if necessary.

Out-of-state travel includes all related expenses such as transportation, lodging, meals and entertainment. All of these expenses are considered together when determining whether the \$250 limit has been reached.

Exceptions: You do not have to disclose out-of-state travel that is provided to you either by your regular private employer or by the state or municipal agency of which you are a member or by which you are employed.

NAME AND ADDRESS OF TRAVEL PROVIDER	TRAVEL PURPOSE AND DESTINATION	DESCRIPTION AND COST OR FAIR MARKET VALUE OF EXPENSE (TRANSPORTATION, LODGING, MEALS & ENTERTAINMENT)
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11. If at any point during calendar year 2014, you, your spouse, or dependent child individually or collectively held a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest in any business (including holding publicly traded stock in a company), you must list the following (attaching additional sheets if necessary):

NAME OF FAMILY MEMBER	NATURE OF INTEREST	NAME & ADDRESS OF BUSINESS (NO ADDRESS NEEDED FOR PUBLICLY TRADED STOCK HOLDINGS)
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12. If, during calendar year 2014, any business you listed in Question #11 had one or more business transactions with a state or municipal agency that, collectively, exceeded \$250, list the following:

NAME OF BUSINESS	WAS INTEREST IN BUSINESS HELD ALL YEAR? IF NOT, LIST DATE INTEREST ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY TRANSACTING BUSINESS	DATE AND NATURE OF TRANSACTION
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13. If, during calendar year 2014, any business listed in Question #11 was subject to direct regulation by a state or municipal agency (see instructions for examples of direct regulation), list the following:

NAME OF BUSINESS	WAS INTEREST IN BUSINESS HELD ALL YEAR? IF NOT, LIST DATE INTEREST ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY REGULATING BUSINESS	MANNER IN WHICH BUSINESS IS REGULATED
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14. This question relates to business interests, acquired or divested AFTER calendar year 2014, **that are regulated by a public agency**. Answer below regarding any businesses in which you, your spouse, or dependent child individually or collectively ACQUIRED or DIVESTED a 10% ownership interest or a \$5,000 or greater ownership or investment interest (including holdings of publicly traded stock) AFTER JANUARY 1, 2015 but prior to filing this statement, IF said business was subject to direct regulation by a state or municipal agency. (See instructions for examples of direct regulation.)

NAME OF BUSINESS	NATURE OF INTEREST AND DATE ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY REGULATING BUSINESS	MANNER IN WHICH BUSINESS IS REGULATED
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15. This question relates to business interests, acquired or divested AFTER calendar year 2014, **that did business with a public agency**. Answer below regarding any business in which you, your spouse, or dependent child individually or collectively ACQUIRED or DIVESTED a 10% ownership interest or a \$5,000 or greater ownership or investment interest (including holdings of publicly traded stock) AFTER JANUARY 1, 2015 but prior to filing this statement, IF said business had one or more business transactions with a state or municipal agency that, collectively, exceeded \$250.

NAME OF BUSINESS	NATURE OF INTEREST AND DATE ACQUIRED OR DIVESTED	NAME OF STATE OR MUNICIPAL AGENCY TRANSACTING BUSINESS	DATE AND NATURE OF TRANSACTION
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16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to ANY person, business entity, financial institution or other organization, list the name and address of the lender. You should NOT list: (a) indebtedness to any person related to you, your spouse or dependent child, at any time, within the third degree of consanguinity or affinity (see instructions); or (b) indebtedness that is secured solely by a mortgage of record on real property that is used exclusively as your principal residence, if held by a financial institution regulated by any state or by the United States; or (c) indebtedness to a credit card company.

NAME OF DEBTOR

NAME AND ADDRESS OF LENDER

I certify under the penalty of perjury that this Financial Statement is a complete and accurate response to all of the questions presented as to myself and as to my spouse and dependent children (if applicable). I understand that, prior to filing this Statement, I am permitted and encouraged to seek assistance or guidance from the Ethics Commission as to any issues or questions I may have relative to this Financial Statement and the information that must be disclosed.

SIGNATURE

State of _____ County of _____

Subscribed and sworn to before me at _____ this _____ day of _____ 20____.

My Commission expires _____

SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED OR IF ANY QUESTION IS NOT ANSWERED. (USE "N/A" WHERE APPROPRIATE.)